

COMMONWEALTH OF KENTUCKY  
DEPARTMENT FOR NATURAL RESOURCES  
DIVISION OF OIL AND GAS  
300 SOWER BLVD  
FRANKFORT, KY 40601  
502-573-0147



**AFFIDAVIT TO TIME AND MANNER  
OF PLUGGING AND FILLING WELL  
AS REQUIRED BY LAW**

(TYPE OR PRINT IN INK)

NAME AND ADDRESS OF LAST OPERATOR \_\_\_\_\_

E-MAIL ADDRESS OF LAST OPERATOR \_\_\_\_\_

NAME AND ADDRESS OF ORIGINAL OPERATOR \_\_\_\_\_

NAME AND ADDRESS OF COAL OPERATOR \_\_\_\_\_

PERMIT NO. \_\_\_\_\_ ELEVATION \_\_\_\_\_ COUNTY \_\_\_\_\_ TOTAL DEPTH \_\_\_\_\_

CARTER \_\_\_\_\_ ☐ FNL ☐ FEL  
COORDINATES \_\_\_\_\_ ☐ FSL \_\_\_\_\_ ☐ FWL SEC \_\_\_\_\_ LETTER \_\_\_\_\_ NUMBER \_\_\_\_\_

MINERAL OWNER (LESSOR) \_\_\_\_\_ WELL NUMBER \_\_\_\_\_

\_\_\_\_\_, OPERATOR OF THE ABOVE CAPTIONED WELL DOES  
HEREBY SWEAR THAT THE PLUGGING OF SAID WELL WAS COMPLETED ACCORDING TO INSTRUCTIONS FROM THE OIL AND  
GAS INSPECTOR AND ACCORDING TO CHAPTER 353 OR 349 OF THE KENTUCKY REVISED STATUTES ON  
\_\_\_\_\_, RECORD OF WHICH IS LISTED BELOW OR SHOWN ON THE BACK OF THIS FORM.  
(PLUGGED DATE)

	(BOTTOM)	(TOP)	(PLUG DESCRIPTION)
PLUGGED:	FROM _____	TO _____	WITH _____
PLUGGED:	FROM _____	TO _____	WITH _____
PLUGGED:	FROM _____	TO _____	WITH _____
PLUGGED:	FROM _____	TO _____	WITH _____
PLUGGED:	FROM _____	TO _____	WITH _____
PLUGGED:	FROM _____	TO _____	WITH _____

**INDICATE BELOW THE SIZE AND INTERVAL OF ALL CASING LEFT IN THE WELL AND IF AND WHERE IT WAS SHOT OFF:**  
CASING SIZE \_\_\_\_\_, INTERVAL \_\_\_\_\_, SHOT OFF AT \_\_\_\_\_ BOTTOM OF CASING AT \_\_\_\_\_  
CASING SIZE \_\_\_\_\_, INTERVAL \_\_\_\_\_, SHOT OFF AT \_\_\_\_\_ BOTTOM OF CASING AT \_\_\_\_\_  
**IF CASING WAS NOT LEFT IN THE WELL, INDICATE THE BORE HOLE SIZE AND INTERVAL:**  
CASING SIZE \_\_\_\_\_ INTERVAL \_\_\_\_\_  
CASING SIZE \_\_\_\_\_ INTERVAL \_\_\_\_\_  
DID PLUGGING OPERATION INCLUDE DOWN-HOLE DISPOSAL OF TENORM WASTE? YES ☐ NO ☐  
IF YES, INDICATE TENORM WASTE INTERVAL IN WELLBORE: FROM \_\_\_\_\_ TO \_\_\_\_\_

AFFIDAVIT TO BE MADE IN TRIPPLICATE, ONE ORIGINAL TO BE MAILED TO THE DIVISION OF OIL AND GAS, ONE COPY TO BE  
RETAINED BY THE WELL OPERATOR AND THE THIRD TO BE MAILED BY CERTIFIED MAIL TO EACH COAL OPERATOR NAMED  
AT THEIR RESPECTIVE ADDRESSES.

IF ANY ENTITY OTHER THAN A SOLE PROPRIETORSHIP, SIGNATORY MUST BE AN OFFICER OF THE ENTITY OR PROVIDE  
POWER OF ATTORNEY TO EXECUTE DOCUMENTS. IF A SOLE PROPRIETORSHIP, SIGNATORY MUST BE SAME OR PROVIDE  
POWER OF ATTORNEY TO EXECUTE DOCUMENTS.

(OPTIONAL) SIGNATURE OF CONTRACTOR RESPONSIBLE FOR ABOVE PLUGGING TITLE DATE

(REQUIRED) SIGNATURE OF OPERATOR RESPONSIBLE FOR ABOVE PLUGGING TITLE DATE

SWORN TO AND SUBSCRIBED BEFORE ME THIS DATE \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_\_

MY COMMISSION EXPIRES NOTARY PUBLIC

## CEMENT TABLE

HOLE SIZE	2"	3"	4"	5"	6 1/2"	8"	8 1/2"	8 3/4"	10"	12"	16"
NO. FT. FILLED PER SACK OF CEMENT*	45'	20'	11'	7'	4'	2 3/4'	2 1/2'	2 1/3'	2'	1'	1/2'

\*1 CUBIC FOOT PER SACK

GRAPHICALLY SHOW BELOW THE LOCATION AND INTERVAL OF ALL PLUGS INSTALLED.

[illegible]

**IF THE WELL IS TO BE LEFT AS A DOMESTIC WATER WELL, PLUG ACCORDING TO THE INSPECTOR'S INSTRUCTIONS, COMPLETE THIS FORM ON BOTH SIDES AND HAVE THE FOLLOWING AFFIDAVIT SIGNED BY THE REAL ESTATE OWNER.**

**AFFIDAVIT**

I, \_\_\_\_\_, THE OWNER OF THE REAL ESTATE ON WHICH THIS WELL WAS DRILLED, DESIRE THAT THE WELL BE LEFT OPEN FROM THE FRESH WATER ZONE TO THE SURFACE FOR USE AS A WATER WELL AND DO HEREBY ACCEPT THE FULL RESPONSIBILITY FOR SAID WATER WELL. THE OIL OPERATOR REMAINS RESPONSIBLE FOR ALL PLUGS BELOW THE FRESH WATER ZONE.

SIGNATURE OF OWNER OR HIS AGENT

DATE \_\_\_\_\_